Reviewer’s report

Title: World Health Organization (WHO) antibiotic regimen against other regimens for the treatment of leprosy: A systematic review and meta-analysis

Version: 0 Date: 08 Aug 2019

Reviewer: Bernard Naafs

Reviewer's report:

Dear authors,

I like your paper, though it is very wordy, it is clear and to the point. Congratulations. It is a clear report of what is already known. (read the discussions over the years on the Leprosy Mailing List). Indeed nearly all papers may have a bias and are analysed to present an opinion. To defend those studies, they are done in the field, often working with mostly dedicated often low educated individuals, where recorded data are not always reliable and many more sophisticated methods of follow-up are not possible, due to lack of money and interest of higher authorities. Thus do not judge to hard from behind an computer or desk in relatively comfortable situation. Though the critic on the weaknesses of the papers are right.

Some remarks:

Please explain that ROM is a one monthly treatment. And the strength of WHO-MDT is the daily dapsone and Clofazimine. You showed that Clofazimine protected against Type II reaction (ENL). It is worthwhile to look also for dapsone in the protection against Type I reaction (Not reverse but reversal reaction). I think with different arrangement it is visible. Only effective during treatment after RFT the protection disappears quickly for dapsone and more slowly for Clofazimine.

I agree with the conclusion; No better treatment than WHO-MDT was found. (But the old recommendation for duration: 6-12 month for PB and 2 or longer years for MB were better.) 107-108 this pathology? What pathology? The sentence is not needed it is opinion about what? 117 213,899 is not an estimation. (Though it is most likely wrong)

A compliment on the methods.

191 define your "neuritis". As such unclear as an outcome.

195-196 Type I as well as Type II are immunological reactions.

199 What percentage of the authors responded?
244 here you can explain ROM. And also WHO _ MDT

269 Clofazimine addition to PB MDT not to MB MDT

297 Interesting less relapsing in PB ROM. We were only able to study the histopathology in PB relapses in patients who relapsed after ROM treatment. We had no relapses in MDT patients.

322 Have a look: when you compare all patients who got dapsone with the treatment with the ones without dapsone concerning a type I there could be a difference. (Barnetson at al +/- 1976)

329 I am glad you could show the beneficial effect of Clofazimine preventing ENL.

Realize that reactions belong to the normal course in leprosy as a disease.

422 I think in Bauru Brazil a study of Bedaquiline in MB was started a year ago.

431 MDT for PB.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Please indicate the quality of language in the manuscript:

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